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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** White House Alligator Farm LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph B. Ryan III, Esq.

\_\_\_\_\_  
Name of Person

Joseph B. Ryan III, P.A.

\_\_\_\_\_  
Firm/Company

8925 SW 148th Street, Suite 200

\_\_\_\_\_  
Address

Palmetto Bay, Florida 33176

\_\_\_\_\_  
City/State and Zip Code

jbryanlaw@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph B. Ryan III

\_\_\_\_\_  
Name of Person

305

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

444-4949

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Domenico Caporicci	780 NE 69th St., Apt. 1810	<input type="checkbox"/> Add
		Miami, Florida 33138	<input checked="" type="checkbox"/> Remove
MGR	Francesco Caporicci		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 11 2014



Signature of a member or authorized representative of a member

Domenico Caporicci

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA